

POS-010

FOR COURT USE ONLY

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address). TERRENCE J. COLEMAN, ESQ. SBN-172183 PILLSBURY & LEVINSON, LLP 600 MONMOUTH GOMERY STREET, 31ST FLOOR SAN FRANCISCO, CA 94111 TELEPHONE NO. 415-433-8000 E-MAIL ADDRESS: <i>(Optional)</i>		FAX NO. <i>(Optional)</i>
ATTORNEY OR PARTY (Name): PLAINTIFF		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO STREET ADDRESS: 400 MCALLISTER STREET MAILING ADDRESS: CITY AND ZIP CODE: SAN FRANCISCO, CA 94102 BRANCH NAME:		CASE NUMBER.
PLAINTIFF /PETITIONER: VALERIE ZGONC		CGC07-469133
DEFENDANT /RESPONDENT: THE LIFE INSURANCE COMPANY OF NORTH AMERICA		Ref. No. or File No.. 09283
PROOF OF SERVICE OF SUMMONS		

(Separate proof of service is required for each party served.)

- At the time of service I was at least 18 years of age and not a party to this action.
- I served copies of:
 - Summons
 - Complaint
 - Alternative Dispute Resolution (ADR) package
 - Civil Case Cover Sheet (*served in complex cases only*)
 - Cross-Complaint
 - Other (*specify documents*): FIRST AMENDED COMPLAINT; NOTICE TO PLAINTIFF
- a. Party served (*specify name of party as shown on documents served*):
THE VENTYX INC. LONG TERM DISABILITY PLAN
b. Person (other than the party in item 3a) served on behalf of an entity or as an authorized agent (and not a person under item 5b on whom substituted service was made) (*specify name and relationship to the party named in item 3a*):
ATT CORPORATION BY SERVING MARGARET WILSON - PROCESS SPECIALIST
- Address where the party was served:
818 WEST 7TH STREET LOS ANGELES, CA 90017
- I served the party (*check proper box*):
 - by personal service. I personally delivered the documents listed in item 2 to the party or person authorized to receive service of process for the party (1) on (date): **11-27-07** (2) at (time): **12:27PM**
 - by substituted service. On (date): **at (time):** I left the documents listed in item 2 with or in the presence of (*name and title or relationship to person indicated in item 3*):
 - (**business**) a person at least 18 years of age apparently in charge at the office or usual place of business of the person to be served. I informed him or her of the general nature of the papers.
 - (**home**) a competent member of the household (at least 18 years of age) at the dwelling house or usual place of abode of the party. I informed him or her of the general nature of the papers.
 - (**physical address unknown**) a person at least 18 years of age apparently in charge at the usual mailing address of the person to be served, other than a United States Postal Service post office box. I informed him or her of the general nature of the papers.
 - I thereafter mailed (by first-class, postage prepaid) copies of the documents to the person to be served at the place where the copies were left (Code Civ. Proc., § 415.20). I mailed the documents on (date): **from (city):** **or** a declaration of mailing is attached.
 - I attach a declaration of diligence stating actions taken first to attempt personal service.

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PLAINTIFF/PETITIONER: VALERIE ZGONC	CASE NUMBER: CGC07-469133
DEFENDANT/RESPONDENT: THE LIFE INSURANCE COMPANY OF NORTH AMERICA	

5. c. by mail and acknowledgment of receipt of service. I mailed the documents listed in item 2 to the party, to the address shown in item 4, by first-class mail, postage prepaid,

- (1) on (date): (2) from (city):
 (3) with two copies of the Notice and Acknowledgment of Receipt and a postage-paid return envelope addressed to me. (Attach completed Notice and Acknowledgement of Receipt.) (Code Civ. Proc., § 415.30.)
 (4) to an address outside California with return receipt requested. (Code Civ. Proc., § 415.40.)

d. by other means (specify means of service and authorizing code section):

Additional page describing service is attached.

6. The "Notice to the Person Served" (on the summons) was completed as follows:

- a. as an individual defendant.
 b. as the person sued under the fictitious name of (specify):
 c. as occupant.
 d. On behalf of (specify): **THE VENTYX INC. LONG TERM DISABILITY PLAN**

under the following Code of Civil Procedure section:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 416.10 (corporation) | <input type="checkbox"/> 415.95 (business organization, form unknown) |
| <input type="checkbox"/> 416.20 (defunct corporation) | <input type="checkbox"/> 416.60 (minor) |
| <input type="checkbox"/> 416.30 (joint stock company/association) | <input type="checkbox"/> 416.70 (ward or conservatee) |
| <input type="checkbox"/> 416.40 (association or partnership) | <input type="checkbox"/> 416.90 (authorized person) |
| <input type="checkbox"/> 416.50 (public entity) | <input type="checkbox"/> 415.46 (occupant) |
| | <input type="checkbox"/> other: |

7. Person who served papers

- a. Name: **JORGE RIVERA**
 b. Address: P.O. BOX 861057, LOS ANGELES, CALIFORNIA 90086-1057
 c. Telephone number: (800) 994-5454
 d. The fee for service was: \$
 e. I am:

- (1) not a registered California process server.
 (2) exempt from registration under Business and Professions Code section 22360(b).
 (3) registered California process server:
 (i) owner employee independent contractor.
 (ii) Registration No.: 4690
 (iii) County: LOS ANGELES

8. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

or

9. I am a California sheriff or marshal and I certify that the foregoing is true and correct.

Date: November 28, 2007

JORGE RIVERA

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

(SIGNATURE)

